Please type a plus sign (+) inside this box					
UTILITY	Attorney Docket No. END 727 DIV1/GSG				
PATENT APPLICATION	First Inventor: Randy R. Stephens Title: Surgical Biopsy Device Having Automatic Rotation of the Probe for Taking Multiple Samples				
TRANSMITTAL	I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail – Post Office to Addressee in an envelope addressed to: Commissioner for Patents, Box-Patent Application, PO Box 1450, Alexandria, VA 22313-1450. Name: Linda F. Hansen				
(only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Lab	5			
APPLICATION ELEMENTS		ADDRESSED TO:			
See MPEP Chapter 600 concerning utility patent application contents.		Hon. Commissioner for Patents PO BOX 1450, Mail Stop Patent Applications Alexandria, Virginia 22313-1450			
1. Fee Transmittal Form (e.g., PTO/SB/17)					
6. Application Data Sheet. See 3. 18. If a CONTINUING APPLICATION, check	appropriate box a	and supply the requisite information below and in a			
preliminary amendment, or in an Applic ☐ Continuation ☐ Divisional ☐ Continuation information: Examine For CONTINUATION or DIVISIONAL APPS declaration is supplied under Box 5b, is consi	eation Data Sheet nuation-in-Part (er: CHARLES A only: The entire dered a part of the prence. The inco	under 37 CFR 1.76: CIP) of prior application No.: 09/839,165 filed 4/20/01.			
19. CORRESPONDENCE ADDRESS ☑ Customer Number or Bar Code Label		or Correspondence Address below			
Name: Philip S. Johnson, Esq. Address: Johnson & Johnson, One New Brunswick, NJ 0893	Johnson & Joh				
20. TELEPHONE CONTACT: Gerry S. 0	20. TELEPHONE CONTACT: Gerry S. Gressel, Esq. Please direct all telephone calls or faxes to: Telephone: (513) 337-3535 Fax: (513) 337-8489				
21. SIGNATURE OF APPLICANT, ATTO					
NAME Gerry S. Gressel		Reg. No. 34,342			
SIGNATURE 12192	D	Date: July 2, 2003			



FEE TRANSMITTAL Filing Date First Named Inventor Group Art Unit Examiner Name Application Number Filing Date First Named Inventor Not yet assigned Examiner Name Attorney Docket Number END-727 DIV1/GSG

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)		(3)	(4)	(5)
FOR:	NUMBER	FILED	NUMBER EXTRA	RATE	BASIC FEE \$ 750.00
TOTAL CLAIMS	11-20	- =	0	x 18.00	\$ 00.00
INDEPENDENT CLAIMS	2-3	- =	0	x 84.00	\$ 00.00
MULTIPLE DEPENDENT CLAIMS	0 -	=	N/A	X 280.00	
				TOTAL FEES	\$750.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750END-727 DIV1/GSG in the amount of \$750.00.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750END-727 DIV1/GSG. Three copies of this sheet are enclosed.

SUBMITTED BY:			Complete (if applicable)
Typed or			
Printed Name	Gerry S. Gressel		Reg. No. 34,342
Ciamatuma	12 > H)	Deposit Account
Signature	10/11	Date: July 2, 2003	No. 10-0750